

Request For Changes Or Correction in PAN Data [For an Individual]



Permanent Account Number (PAN)

B N Z P H 6 2 7 4 A

Aadhaar Number

8 1 6 2 6 0 7 9 0 4 4 1

Sr. No.

Tick
Box

PART A - Personal Information

1. ☒ A. Name

First Name

H

I

M

A

Middle Name

M

A

L

L

A

P

P

A

N

A

H

A

L

L

I

Last Name

S

H

A

D

A

K

S

H

A

R

A

P

P

A

☒ B. Name (as per Aadhaar)

H

I

M

A

M

S

2. ☐ Gender (select one)☐

Male

☒

Female

☐

Transgender

3. ☐ Date of Birth

2

1

1

2

2

0

0

4

4. ☒ Address☒

Residence

☐

Office

(select one)

Flat/Door/Building

C

/

O

S

H

A

D

A

K

S

H

A

R

I

Road/Street/Block/Sector

M

A

L

L

A

P

P

A

N

A

H

A

L

L

I

Post Office

K

E

R

E

S

A

N

T

H

E

Area/Locality/Town/City

K

E

R

E

S

A

N

T

H

E

District

C

H

I

K

K

A

M

A

G

A

L

U

R

U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

7

7

5

4

8

5. ☐ Passport Number6. ☐ Taxpayer Identification Number in the Country of Residence7. ☒ Contact Details

(i) Mobile Number

Country Code

9

1

Mobile Number

8

0

7

3

3

0

7

6

0

9

(ii) Email ID

ganesh123bvr@gmail.com

(iii) Landline No. with Country/ISD Code
and Area/STD Code (if any)

Country/ISD Code

Area/STD Code

Landline Number

PART B - Details of Parents

8. ☒ Father's First Name

S

H

A

D

A

K

S

H

A

R

A

P

P

A

Father's Middle Name

M

A

L

L

A

P

P

A

N

A

H

A

L

L

I

Father's Last Name

S

H

I

V

A

L

I

N

G

A

P

P

A

9. ☐ Mother's First Name

Mother's Middle Name

Mother's Last Name

B

H

A

R

A

T

H

I

10. Name of parent to be printed on Permanent Account Number card (select one)

☒

Father

☐

Mother

Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

11. Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant



(i) Proof of Identity



(ii) Proof of Address



(iii) Proof of Date of Birth



(iv) Documentay proof in support of other changes



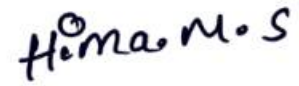
(v) Copy of PAN

Verification & Declaration

a. I, ... **HIMA MALLAPPANAHALLI SHADAKSHARAPPA** in the capacity of **SELF** (Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place..... **CHIKKAMAGALURU**

Date..... **16/07/2026**

A rectangular box containing a handwritten signature in dark ink. The signature is written in a cursive style and reads "Hima M. S".

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0648/11008/04502

To

Hima M S

ಹಿಮ ಎಮ್ ಎಸ್

D/O: Shadakshari,

VTC: Keresanthe, PO: Keresanthe,

Sub District: Kadur, District: Chikkamagaluru,

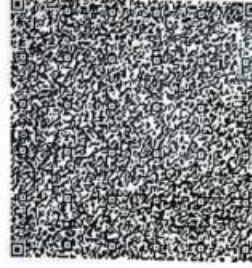
State: Karnataka, PIN Code: 577548,

Mobile: 8073307609

39226492



KF392264928FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8162 6079 0441

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



Issue Date: 02/10/2015



ಹಿಮ ಎಮ್ ಎಸ್

Hima M S

ಜನ್ಮ ದಿನಾಂಕ / DOB: 21/12/2004

ಸ್ತ್ರೀ / Female

8162 6079 0441

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
 SECRETARY
 KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
 BENGALURU

ದಿನಾಂಕ/ DATE: 10.08.2020

आयकर विभाग

INCOME TAX DEPARTMENT



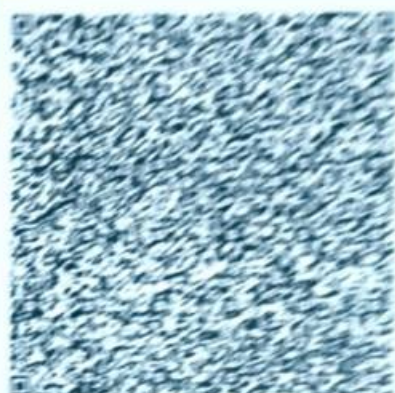
भारत सरकार

GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BNZPH6274A



नाम / Name

HIMA M S

पिता का नाम / Father's Name

SHADAKSAHRI

जन्म की तारीख / Date of Birth

21/12/2004

हस्ताक्षर

4822963

हस्ताक्षर / Signature